

## APPENDIX III

### General Recommendations for Programs Applying for Prevention Funds

The Planning Group recommends that applicants demonstrate how their proposed programs address the necessary conditions for behavior change (see A – H below). Individual proposals need not address all factors.

The *transtheoretical model* is prominent in behavior change theory. It states that to be most effective, interventions should be tailored to the client's stage of change with respect to the target behavior. The commonly articulated stages of change are:

- Precontemplation – the person is not considering change
- Contemplation – the person is considering change but has formulated no plan and taken no action
- Preparation – the person is considering change and has begun to plan for it
- Action – the person has made the change and is actively working to engage in the new behavior
- Maintenance – the change has become part of the person's usual behavioral repertoire.

A review of the HIV prevention literature reveals several elements that are frequently cited as necessary conditions for persons to change their behavior. Which elements are present in an effective intervention varies depending on clients' stage of change. For example, if clients are in precontemplation, an education campaign to inform them that they might be at risk would be more appropriate than skills training for behaviors they have not yet committed to. The conditions commonly linked to effective interventions are:

- A. *Risk education*: persons must possess accurate understanding of the behaviors that confer risk and those that will reduce that risk.
- B. *Perceived personal vulnerability*: persons must come to acknowledge that they are personally vulnerable to the risk in question
- C. *Behavior change intentions*: persons must acquire readiness to change behavior and willingness to commit to the risk-reduction effort.
- D. *Self-efficacy*: persons must come to believe that he or she is capable of achieving risk-reduction changes.
- E. *Outcome efficacy*: persons must come to believe that the behavioral changes will have the desired outcome.
- F. *Skills acquisition*: persons must possess skills (such as proper condom use and sexual negotiation - communication and assertiveness) that will enable them to resist pressures to engage in unsafe behaviors. Persons must have the opportunity to practice these skills in a safe environment, so that they will be available when needed in the real world.
- G. *Reinforcement over time*: efforts must be reinforced, by the individual and by others.
- H. *Agreement with social norms*: persons must receive appropriate social and environmental supports and perceive that risk reduction is in agreement with peer-group norms.